



Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

August 25, 2010

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: MSD Metro Operations
McNeely Lake WQTC; KPDES No.: KY0029416
Discharge Monitoring Reports – July 2010.

Dear Ms. Bentley:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the McNeely Lake WQTC, KPDES No.: KY0029416 for the month July 2010.

For the month of July there were no exceedances, or bypass reports.

Also included are the July overflow reports for Mcneely WQTC.

If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

A handwritten signature in black ink, appearing to read "John Kessel", written over a horizontal line.

John Kessel
Process Supervisor West Operations

JMK/McNeely 0710

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME MCNEELY LAKE WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MCNEELY LAKE WQTC MSD
LOCATION LOUISVILLE KY 40000
ATTN: DENNIS THOMASSEN SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

KY00029416			001 1				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	10	07	01		10	07	01

MINOR (SUBR LV)
F - FINAL
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE () ***
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)		*****	*****		7	*****	*****	(17)	0	01/07	GR
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY GRAB	
PH		*****	*****		6.2	*****	7.1	(12)	0	01/07	GR
DO400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	EU		WEEKLY GRAB	
SOLIDS, TOTAL SUSPENDED		17	35	(26)	*****	24	48	(19)	0	01/07	CP
DO500 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)		0.6	1.3	(28)	*****	0.8	1.8 JK	(19)	0	01/07	CP
DO610 1 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY COMPOS	
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	4.1	4.7	(17)	0	01/07	CP
DO665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	
FLOW IN CONDUIT OR THRU TREATMENT PLANT		0.086	0.191	(33)	*****	*****	*****	*****	0	01/07	CP
DO050 1 0 0	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	*****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(17)	0	01/07	GR
DO060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L		WEEKLY GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
Eure Dir H.T. Schenck Jr						402 546-6000		10	08	24	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MONSIELY LAKE WQTC MSD

ADDRESS: C/O CEDAR CREEK WQTC

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY: MONSIELY LAKE WQTC MSD

LOCATION: LOUISVILLE

KY 00000

ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

KY0029416

PERMIT NUMBER

001 I

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLORIM. FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	39	91	(13)	0	01/07	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		WEEKLY	BRND
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	4	7	(26)	*****	6	10	(19)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	15	30	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir

H.J. Schenck Jr

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

TELEPHONE

502 540-6000

DATE

10 08 24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

[illegible]



Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

Report Selections: Excluding PPI, CSO, Prob Code: BYPAS, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0029416	Facility ID MSD0228	Water Quality Treatment Center MCNEELY LAKE	Receiving Stream of Treatment Center PENNSYLVANIA RUN	Region WEST
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Facility Type SPL Sewer Treatment Plant	Facility ID MSD0228	Facility Address 10300 ROD N REEL RD	If Pump Station, Name of Pump Station:	Receiving Stream PENNSYLVANIA RUN	Discharge to STREAM
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	1111772	07/22/10 03:45 PM	MARKS JR	MILLS	REPAIRED - ISSUE RESOLVED	07/23/10	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	07/22/10 06:45 PM	

Spot Inspections:

Discharge Amount:	90 GAL
Cause:	STRUCTURE FAILURE OF PERMITTED DISCHARGE PIPE
Clean Up:	NO CLEAN UP REQUIRED DISCHARGE IS FULLY TREATED WATER
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO IMPACT OBSERVED TREATED EFFLUENT WATER IS ON THE GROUND
Repair:	CONTRACTOR MADE REPAIRS TO THE PIPE

Notifications:

07/22/10 04:53 PM	DISPUB	public notified by temporary signs posted
07/22/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/22/10 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov